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APPLICANTS

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**\*\* CONTINUING DATA \*\*\*\*\***

This application is a CON of 10/152,652 05/20/2002 PAT 6,740,307  
 which claims benefit of 60/294,203 05/24/2001  
 and claims benefit of 60/317,479 09/05/2001

**\*\* FOREIGN APPLICATIONS \*\*\*\*\***

IF REQUIRED, FOREIGN FILING LICENSE GRANTED \*\* SMALL ENTITY \*\*  
 \*\* 05/07/2004

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Examiner's Signature <i>[Signature]</i> Initials	STATE OR COUNTRY CA	SHEETS DRAWING 1	TOTAL CLAIMS 20	INDEPENDENT CLAIMS 3
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ADDRESS  
 37485  
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TITLE  
 Delivery of beta-blockers through an inhalation route

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )
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